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GUY P. JONES
EDITOR

Infant Deaths Reach New Low

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The California infant mortality rate dropped in 1939 to 42.1 deaths per 1000 live births—the lowest in the history of California. The 1938 rate was 43.8.

In many counties the infant mortality rate was lower last year than that for the state as a whole. Among them are Alameda, 32.9; Butte, 41.2; Contra Costa, 39.8; Del Norte, 38.0; Glenn 13.8; Humboldt, 34.4; Inyo, 30.3; Los Angeles, 36.7; Marin, 30.7; Napa, 27.2; Nevada, 33.9; San Benito, 32.9; San Diego, 34.7; San Francisco, 29.0; San Luis Obispo, 39.0; San Mateo, 22.4; Santa Cruz, 38.0; Siskiyou, 36.1; Solano 31.9; Sonoma 33.5; Sutter, 36.1.

Among the cities that maintained particularly low infant mortality rates last year are Oakland 35.1; Berkeley, 26.5; Richmond, 19.6; Fresno, 29.0; Eureka, 26.5; Bakersfield, 37.9; Long Beach, 27.2; Pasadena, 29.7; Glendale, 27.1; Santa Ana, 35.9; San Diego, 34.2; Stockton, 32.5; San Francisco, 29.0; San Mateo, 23.5; Santa Barbara, 38.1; San Jose, 34.7; Palo Alto, 30.2; Santa Cruz, 20.0; Vallejo, 24.0; Santa Rosa, 31.4; Visalia, 21.2.

Almost one-fourth of all infant deaths that occurred in California last year were in Mexicans. The rate for that race was 84.3 per 1000 live births as compared with a rate of 35.6 for the white race. Rates were low, comparatively for Japanese and Filipinos and high for Indians, Chinese and Negroes.

The following tables provide detailed data on infant mortality in California during 1938 and 1939.

INFANT MORTALITY BY COUNTIES—1938-1939

Counties	1939		1938	
	No.	Rate	No.	Rate
Alameda -----	239	32.9	281	39.1
Alpine -----	1	1000.0	---	---
Amador -----	4	50.6	5	79.4
Butte -----	37	41.2	38	43.3
Calaveras -----	4	50.0	4	56.3
Colusa -----	9	55.9	7	38.9
Contra Costa -----	48	39.8	41	35.4
Del Norte -----	3	38.0	4	56.3
El Dorado -----	7	48.3	3	16.3
Fresno -----	171	52.3	219	66.9
Glenn -----	2	13.8	5	34.0
Humboldt -----	25	34.4	32	42.5
Imperial -----	111	78.5	161	104.1
Inyo -----	3	30.3	5	43.5
Kern -----	184	61.3	183	63.7
Kings -----	32	45.7	49	66.9
Lake -----	7	65.4	1	11.6
Lassen -----	14	49.8	17	53.4
Los Angeles -----	1429	36.7	1397	36.8
Madera -----	57	110.7	50	95.0
Marin -----	12	30.7	12	33.4
Mariposa -----	2	60.6	---	---
Mendocino -----	20	54.0	20	52.2
Merced -----	77	71.4	58	55.6
Modoc -----	5	51.5	15	119.0
Mono -----	3	230.8	1	111.1
Monterey-----	63	55.0	67	58.9
Napa -----	10	27.2	6	18.1
Nevada -----	12	33.9	15	45.7
Orange -----	99	46.2	129	60.4
Placer -----	13	44.1	14	46.3

<i>Counties</i>		<i>1939</i>		<i>1938</i>	
	<i>No.</i>	<i>Rate</i>		<i>No.</i>	<i>Rate</i>
Plumas -----	8	45.2		9	54.9
Riverside -----	117	58.3		119	60.1
Sacramento -----	119	42.4		122	44.7
San Benito -----	5	32.9		12	81.1
San Bernardino -----	141	49.5		147	50.6
San Diego -----	155	34.7		167	36.7
San Francisco -----	256	29.0		252	29.6
San Joaquin -----	125	59.2		100	49.3
San Luis Obispo-----	20	39.0		29	55.3
San Mateo -----	16	22.4		14	17.8
Santa Barbara -----	60	48.8		71	57.2
Santa Clara -----	145	52.5		115	45.6
Santa Cruz -----	25	38.0		21	34.4
Shasta -----	26	53.7		18	51.1
Sierra -----				1	40.0
Siskiyou -----	15	36.1		18	41.4
Solano -----	18	31.9		19	35.8
Sonoma -----	30	33.5		34	37.7
Stanislaus -----	74	49.5		47	35.3
Sutter -----	14	36.1		22	59.1
Tehama -----	15	54.3		6	23.1
Trinity -----	2	58.8		3	120.0
Tulare -----	151	66.2		128	56.5
Tuolumne -----	10	50.8		10	55.9
Ventura -----	68	49.6		100	73.5
Yolo -----	25	66.1		11	28.6
Yuba -----	24	93.4		16	66.1
Totals -----	4367	42.1		4450	43.8

INFANT MORTALITY—BY RACE

<i>Race</i>		<i>1939</i>		<i>1938</i>	
	<i>No.</i>	<i>Rate</i>		<i>No.</i>	<i>Rate</i>
White -----	3059	35.6		3056	36.4
Negro -----	84	47.3		105	62.0
Indian -----	55	97.7		48	106.4
Chinese -----	26	45.5		15	27.5
Japanese -----	46	31.0		58	37.9
Mexican -----	1072	84.3		1131	87.6
Filipino -----	14	28.1		33	74.3
Others -----	11	55.5		4	21.7
Totals -----	4367	42.1		4450	43.8

WESTERN BRANCH TO MEET IN DENVER

The eleventh annual meeting of the Western Branch of the American Public Health Association will be held in Denver, Colorado, June 23 to 27, inclusive. The program will be devoted to discussions of public health subjects that are of special interest to the West. Speakers of national prominence will attend.

Inquiries relative to the meeting may be addressed to Mr. W. Ford Higby, Secretary of the Western Branch of the American Public Health Association, 45 Second Street, San Francisco, or to Dr. A. L. Beaghler, Director of Health Service, Denver Public Schools, Denver, Colorado.

AN INSTITUTE ON MATERNAL AND INFANT HYGIENE

An institute on maternal and infant hygiene will be offered to registered graduate nurses during the Summer Session at the University of California in Berkeley, July 1 to 20, 1940. It has been planned to cover only three weeks in order that nurses employed by health departments may attend without causing inconvenience to their departments. Classes will be held daily, Monday through Friday, from 9 a.m. to 1 p.m. The cooperation of Professor Raymond G. Gettell, Dean of Summer Sessions, has made the institute possible. The Department of Hygiene, through the Division of Nursing Education, will direct the activities.

Miss Louise Zetzsche, Supervisor of Maternity and Infancy Service, Denver Visiting Nurse Association, Denver, Colorado, will be the guest instructor. Doctor Ellen S. Stadtmuller, M.D., Chief of the Bureau of Child Hygiene of the California State Department of Public Health and members of her staff will lecture on "Medical Problems in Maternal and Infant Hygiene." Miss Zetzsche and Doctor Stadtmuller will be assisted by Ruth W. Hay, Assistant Professor of Nursing Education, and Margaret Blee, Instructor in Nursing Education, both of the Division of Nursing Education, Department of Hygiene. They will conduct group discussions based on information presented by Miss Zetzsche and Doctor Stadtmuller.

Three units of credit will be granted for attendance and satisfactory completion of work. The fee for the institute is \$17.50. Those who wish to take three more units for credit may do so during the Summer Session program by paying the usual Summer Session fee of \$35, for a total of six units, instead of the \$17.50 required for attendance at the institute only.

Registered graduate nurses, whether in the field of public health or in hospitals, must help in the nationwide program to save the lives of mothers and babies and in assuring them maximum health. In order to be of more effective service, it is important that nurses better equip themselves to take their places in the program of maternal and infant hygiene.

Miss Zetzsche has a rich background of public health nursing experience. She comes to the University from an active program of maternal and infant welfare, which might well merit the title "The Maternity Center of the West." From this field she will bring to the student much of practical value and application.

**CHANGES IN DIPHTHERIA IMMUNIZATION
PROCEDURES RECOMMENDED BY
THE A. P. H. A.**

The following procedures for obtaining community protection against diphtheria by artificial active immunization have been recommended by the Subcommittee on Evaluation of Administrative Practices of the American Public Health Association. They are based on a series of field and laboratory investigations carried out during the past five years in various parts of the country, and are in general agreement with recent changes recommended by the New York State Department of Health.

1. The preferred practice should be for children under school age,¹ and preferably for those at the 9th month of life, (a) two doses of diphtheria toxoid, alum precipitated with a 4 week or 1 month interval between doses, or (b) three doses of diphtheria toxoid at 4-week or 1-month intervals.²

2. In communities where it is impracticable to give two doses of diphtheria toxoid, alum precipitated, or three doses of diphtheria toxoid (1a or b), to all the children between 9 months and 10 years of age, it will probably be found that the giving of one dose of diphtheria toxoid, alum precipitated, to a large number of children of this age group is more effective in preventing diphtheria in the community than the use of the two or three doses (1a or b) for half as many children.

3. To those children receiving one injection of diphtheria toxoid, alum precipitated, a single reinforcing dose of not more than one-half the usual dose of an equivalent diphtheria toxoid, alum precipitated, preparation should be given to each child inoculated in infancy, just prior to the child's entering school at 5 or 6 years of age, or 3 to 5 years after the initial inoculation if this has been carried out at some time later than the first year of life.³

4. As a routine procedure the performance of the Schick test 3 to 6 months after completion of the inoculations in infancy is not considered to be essential, although it may be desirable in private practice and whenever the personnel and condition of access to patients at public clinics makes this additional contact practicable.

5. (a) Children of 10 years of age or over who are known to be susceptible as the result of the

¹ If there has been failure to undertake active immunization of a child prior to school age, either of the initial immunizing procedures advised here for younger children can safely be employed for children up to the end of the 9th year of life.

² The comparison of the response induced by two doses of diphtheria toxoid, alum precipitated, and three doses of diphtheria toxoid indicate a somewhat higher response produced by the use of the former, although the results of both have been extremely satisfactory. Only preparations of antigenic potency officially acceptable should be used.

³ Whatever the method of initial artificial active immunization used in infancy or early childhood, one reinforcing dose of half the size used in the initial dose, or series of doses, of an acceptable antigenic agent, whether diphtheria toxoid, or diphtheria toxoid, alum precipitated, should be given to the child at school age (5th to 6th year) or 3 to 5 years after the initial dose, if this was given later than the first year of life.

Schick test should receive three doses of diphtheria toxoid at 4 week or 1 month intervals, or equivalent doses of toxin-antitoxin similarly spaced. (b) For susceptible adults who may be exposed by occupation to contact with the clinical or carrier stage of diphtheria, the use of diphtheria toxoid, alum precipitated, is not recommended. In the case of adults with occupational hazards (e.g., physicians, nurses, attendants in hospitals for communicable diseases) those reacting to a sensitivity test should not be inoculated⁴; others should receive three doses of diphtheria toxoid or toxin-antitoxin as advised for children over 10 years of age (5a). The routine period of Schick test should be 12 months after completion of inoculation, unless there is a special reason for giving the Schick test earlier. The immunity produced is probably at its highest 3 or 4 months after the completion of the inoculations.

6. The practice of administering diphtheria toxoid in two doses at 3 week intervals should be discontinued.

**COMMITTEE ON EVALUATION OF
ADMINISTRATIVE PRACTICES**

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**SEVEN COUNTY HEALTH UNITS SERVE
COMPLETE AREAS**

Seven California counties provide public health services to their entire areas including both urban and rural territories. Imperial is the latest county to join the ranks of those that provide these complete services. The following seven counties of California now maintain full time health units that serve their entire populations with their respective geographical boundaries: Imperial, Monterey, Orange, San Joaquin, San Luis Obispo, Ventura and Yolo.

There can be no solution to the world's problems today except on a basis of reason and morality. The responsibility must rest with the individual and it must be accepted as such by free men and women.—Dr. Nicholas Murray Butler, president of Columbia University.

⁴ Some members of the Subcommittee on Diphtheria have successfully protected adults reacting to the sensitivity test by using doses of toxoid or of toxin-antitoxin smaller than those used for non-reactors.

MORBIDITY

Complete Reports for Following Diseases for Week Ending April 13, 1940

Chickenpox

622 cases: Alameda County 3, Alameda 16, Berkeley 9, Hayward 2, Oakland 52, Piedmont 1, San Leandro 8, Oroville 1, Contra Costa County 1, Fresno County 4, Coalinga 2, Fresno 10, Kern County 11, Bakersfield 2, Delano 1, Kings County 2, Hanford 6, Los Angeles County 41, Alhambra 20, Arcadia 1, Burbank 2, Claremont 4, Compton 3, Culver City 6, Glendale 18, Hermosa 1, Huntington Park 2, Long Beach 32, Los Angeles 64, Pasadena 2, Pomona 1, Redondo 1, San Fernando 1, San Gabriel 1, Santa Monica 2, Sierra Madre 1, Torrance 2, Lynwood 1, Hawthorne 3, South Gate 4, Bell 4, Madera County 16, Madera 4, Merced County 2, Monterey County 1, Salinas 2, Napa County 1, Grass Valley 1, Orange County 4, Fullerton 1, Huntington Beach 2, Santa Ana 3, Tustin 1, Plumas County 6, Riverside County 3, Blythe 7, Riverside 9, Sacramento 8, San Bernardino County 2, Ontario 1, Upland 2, San Diego County 10, Coronado 1, La Mesa 2, San Diego 20, San Francisco 43, San Joaquin County 4, Stockton 7, San Luis Obispo County 4, Paso Robles 8, San Mateo County 3, Daly City 1, San Bruno 8, Santa Barbara County 6, Santa Clara County 1, Palo Alto 1, San Jose 8, Sunnyvale 2, Santa Cruz 2, Redding 3, Rio Vista 2, Sonoma County 6, Petaluma 5, Sutter County 3, Red Bluff 2, Tulare County 23, Porterville 1, Visalia 6, Ventura County 1, Santa Paula 2, Yolo County 10, Davis 1, Marysville 1, California 1.*

Diphtheria

15 cases: San Leandro 2, Los Angeles 3, Napa 1, Sacramento 2, Hollister 1, San Bernardino 1, San Francisco 1, San Luis Obispo County 1, Petaluma 1, Tulare County 1, Ventura County 1.

German Measles

18 cases: Alameda 1, Berkeley 3, Oakland 1, Long Beach 1, Marin County 1, Orange 1, Laguna Beach 1, Riverside County 1, San Diego County 1, San Diego 2, San Francisco 2, San Luis Obispo County 2, Santa Barbara 1.

Influenza

186 cases: Los Angeles County 19, Alhambra 1, Burbank 1, Compton 1, Long Beach 1, Los Angeles 15, Lynwood 1, Riverside County 45, Indio 50, Sacramento 1, San Diego 2, San Francisco 3, Watsonville 8, Sonoma County 1, Red Bluff 37.

Malaria

4 cases: Orland 1, Los Angeles County 1, Riverside County 1, Yuba County 1.

Measles

475 cases: Oakland 1, Butte County 1, Pittsburg 1, Fresno County 7, Coalinga 2, Fresno 1, Orland 1, Imperial County 5, Calexico 7, El Centro 2, Kern County 137, Bakersfield 16, Delano 2, Kings County 1, Corcoran 2, Alhambra 2, Glendale 2, Long Beach 1, Los Angeles 16, Monrovia 1, Pasadena 1, San Fernando 4, Santa Monica 1, Chowchilla 1, Carmel 1, Orange County 5, Santa Ana 8, Sacramento County 1, Sacramento 9, San Bernardino County 1, San Bernardino 1, San Diego County 70, El Cajon 1, Escondido 12, La Mesa 4, National City 2, San Diego 57, San Francisco 4, San Joaquin County 52, Lodi 5, Stockton 6, San Luis Obispo County 1, Paso Robles 1, San Jose 1, Sonoma County 1, Tulare County 10, Dinuba 1, Visalia 1, Ventura County 1, Yolo County 2, Woodland 2.

Mumps

448 cases: Alameda County 9, Alameda 6, Berkeley 5, Hayward 1, Oakland 9, Piedmont 1, Butte County 9, Pittsburg 1, Fresno County 19, Fresno 2, Kern County 12, Bakersfield 1, Delano 1, Taft 2, Kings County 11, Hanford 12, Los Angeles County 56, Compton 1, Glendale 14, Long Beach 31, Los Angeles 20, Monrovia 1, Pasadena 1, Pomona 3, San Fernando 1, Santa Monica 1, Monterey Park 1, Signal Hill 4, Madera County 5, Merced County 1, Napa County 1, Orange County 18, Anaheim 1, Fullerton 7, Orange 1, Santa Ana 1, Riverside County 2, Elsinore 1, Redlands 1, Coronado 2, San Francisco 49, San Joaquin County 12, Manteca 15, Stockton 8, San Luis Obispo County 7, Paso Robles 18, San Luis Obispo 2, San Mateo County 1, Redwood City 4, San Bruno 1, San Mateo 1, Menlo Park 8, Santa Barbara County 1, Santa Barbara 2, Santa Clara County 2, Mountain View 2, Palo Alto 10, San Jose 2, Solano County 1, Sonoma County 1, Petaluma 2, Santa Rosa 2, Visalia 2, Ventura County 2, Santa Paula 4, Yolo County 5, Yuba County 5, Marysville 3.

Pneumonia (Lobar)

44 cases: Oakland 1, Contra Costa County 1, Martinez 1, Calipatria 1, Los Angeles County 3, Glendale 1, Huntington Park 1, Los Angeles 18, Pasadena 1, Santa Monica 1, South Gate 1, La Habra 1, Riverside 2, Sacramento 2, San Bernardino County 1, Upland 1, San Diego County 1, San Diego 1, Santa Barbara County 1, Santa Barbara 1, Ventura County 2, Oxnard 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Scarlet Fever

134 cases: Oakland 2, Butte County 1, Pittsburg 1, Fresno County 3, Glenn County 1, Imperial County 1, Calexico 1, Kern County 2, Bakersfield 1, Los Angeles County 16, Alhambra 1, Compton 2, Glendale 3, Inglewood 1, Long Beach 1, Los Angeles 34, Pasadena 4, Pomona 1, Sierra Madre 1, Whittier 1, Lynwood 1, Bell 1, Merced County 1, King City 1, Anaheim 2, Santa Ana 1, Riverside County 2, Elsinore 1, Riverside 1, Sacramento 4, San Bernardino 1, San Diego County 2, La Mesa 1, San Diego 6, San Francisco 12, San Joaquin County 1, Lodi 1, Daly City 1, Santa Barbara County 1, Santa Barbara 1, Sunnyvale 1, Solano County 1, Santa Rosa 1, Tulare County 3, Porterville 1, Ventura County 2, Santa Paula 1, Ventura 1, Yolo County 1, Winters 1, Woodland 1.

Smallpox

5 cases: Butte County 3, Sutter County 1, Tulare County 1.

Typhoid Fever

3 cases: Kern County 1, Los Angeles County 1, Stockton 1.

Whooping Cough

347 cases: Alameda County 3, Berkeley 1, Oakland 10, Butte County 2, Fresno County 1, Coalinga 1, Fresno 4, Kern County 20, Kings County 3, Corcoran 4, Hanford 4, Los Angeles County 36, Burbank 4, Huntington Park 5, Long Beach 2, Los Angeles 28, Montebello 1, Pasadena 14, San Marino 1, Whittier 2, Bell 2, Madera County 7, Merced County 13, Monterey County 5, Salinas 1, Orange County 2, Santa Ana 1, Placentia 1, Riverside County 13, Riverside 1, Sacramento 26, San Bernardino County 5, Redlands 1, San Diego 11, San Francisco 17, San Joaquin County 3, San Mateo County 6, Daly City 1, Redwood City 5, Menlo Park 1, Santa Barbara 3, Santa Clara County 9, Palo Alto 7, San Jose 19, Sunnyvale 2, Santa Cruz County 1, Santa Cruz 1, Yreka 4, Sonoma County 10, Santa Rosa 5, Turlock 2, Sutter County 1, Tulare County 5, Visalia 2, Ventura 1, Santa Paula 1, Ventura 1, Yolo County 3, Woodland 1, Yuba County 1.

Meningitis (Epidemic)

One case: Corona.

Dysentery (Amoebic)

6 cases: Fresno County 1, Huntington Park 1, Los Angeles 1, Sonoma County 3.

Dysentery (Bacillary)

4 cases: Oakland 1, Los Angeles County 1, Los Angeles 1, Pasadena 1.

Leprosy

One case: Stockton.

Pellagra

One case: San Francisco.

Poliomyelitis

2 cases: Walnut Creek 1, Los Angeles 1.

Tetanus

3 cases: Long Beach 1, Los Angeles 2.

Trachoma

5 cases: Fresno County 1, Banning 1, Palm Springs 2, Belmont 1.

Paratyphoid Fever

One case: Santa Cruz.

Trichinosis

One case: Riverside County.

Jaundice (Epidemic)

One case: Paso Robles.

Food Poisoning

8 cases: Los Angeles 2, San Francisco 4, Ventura 2.

Undulant Fever

4 cases: Kern County 1, Marin County 1, Chula Vista 1, Sutter County 1.

Coccidioidal Granuloma

One case: Bakersfield.

Septic Sore Throat

2 cases: Alameda 1, Colusa County 1.

Epilepsy

35 cases: Oakland 5, Fresno 1, Los Angeles 13, San Francisco 6, Stockton 2, Vallejo 2, Sonoma County 3, Ventura County 2, Ventura 1.

Rabies (Animal)

16 cases: Berkeley 2, El Dorado County 1, Fresno County 1, Los Angeles County 2, Los Angeles 1, Riverside 1, San Francisco 5, San Bruno 1, Tulare County 2.

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